

<i>SERFF Tracking Number:</i>	<i>NGLI-125723235</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life</i>	<i>State Tracking Number:</i>	<i>39539</i>
<i>Company Tracking Number:</i>	<i>2800PN 05-08</i>		
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>AR- 2800PN - Series 7 App</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Filing at a Glance

Company: National Guardian Life

Product Name: AR- 2800PN - Series 7 App

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: NGLI-125723235

State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39539

Co Tr Num: 2800PN 05-08

State Status: Withdrawn

Co Status:

Reviewer(s): Linda Bird

Authors: Peggy Kratz, Kim Bolinder

Disposition Date: 07/15/2008

Date Submitted: 07/08/2008

Disposition Status: Withdrawn

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Overall Rate Impact:

Group Market Type: Employer, Association

Filing Status Changed: 07/15/2008

State Status Changed: 07/15/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

See cover letter

Company and Contact

Filing Contact Information

Kim Bolinder, Policy Forms Specialist

kabolinder@nglic.com

2 East Gilman Street

(608) 443-5335 [Phone]

Madison, WI 53701

(608) 443-5365[FAX]

SERFF Tracking Number:	NGLI-125723235	State:	Arkansas
Filing Company:	National Guardian Life	State Tracking Number:	39539
Company Tracking Number:	2800PN 05-08		
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	AR- 2800PN - Series 7 App		
Project Name/Number:	/		

Filing Company Information

National Guardian Life	CoCode: 66583	State of Domicile: Wisconsin
P.O. Box 1191	Group Code:	Company Type: LAH
Madison, WI 53701-1191	Group Name:	State ID Number:
(800) 626-7931 ext. 5790[Phone]	FEIN Number: 39-0493780	

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form X \$50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life	\$50.00	07/08/2008	21289223

SERFF Tracking Number: NGLI-125723235

State: Arkansas

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Linda Bird	07/15/2008	07/15/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Linda Bird	07/10/2008	07/10/2008	Kim Bolinder	07/15/2008	07/15/2008
Industry						
Response						

SERFF Tracking Number: *NGLI-125723235*

State: *Arkansas*

Filing Company: *National Guardian Life*

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Company Tracking Number: *2800PN 05-08*

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Product Name: *AR- 2800PN - Series 7 App*

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Disposition

Disposition Date: 07/15/2008

Implementation Date:

Status: Withdrawn

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	NGLI-125723235	State:	Arkansas
Filing Company:	National Guardian Life	State Tracking Number:	39539
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Supporting Document	Cover Letter		Yes
Form	ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY		Yes

SERFF Tracking Number: NGLI-125723235 State: Arkansas
Filing Company: National Guardian Life State Tracking Number: 39539
Company Tracking Number: 2800PN 05-08
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: AR- 2800PN - Series 7 App
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 07/10/2008
Submitted Date 07/10/2008

Respond By Date

Dear Kim Bolinder,

This will acknowledge receipt of the captioned filing.

Objection 1

- ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY (Form)

Comment: Arkansas was not included in the Fraud Warning Statements as required in Ark. Code Ann. 23-66-503(a).

Please feel free to contact me if you have questions.

Sincerely,

Linda Bird

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/15/2008
Submitted Date 07/15/2008

Dear Linda Bird,

Comments:

Response 1

Comments: Please withdraw this filing. Form revisions were incomplete.

Related Objection 1

Applies To:

- ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY (Form)

Comment:

Arkansas was not included in the Fraud Warning Statements as required in Ark. Code Ann. 23-66-503(a).

Changed Items:

SERFF Tracking Number: *NGLI-125723235*

State: *Arkansas*

Filing Company: *National Guardian Life*

State Tracking Number: *39539*

Company Tracking Number: *2800PN 05-08*

TOI: *L08 Life - Other*

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Product Name: *AR- 2800PN - Series 7 App*

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No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Kim Bolinder, Peggy Kratz

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Form Schedule

Lead Form Number: 2800PN 05-08

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	PN2800 05/08	Application/ ENROLLMENT Enrollment FORM FOR GROUP Form INSURANCE/ANNUI TY	Initial		51	2800PN 05-08.pdf

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY - (PLEASE PRINT)

2800PN 05/08

Series 7

National Guardian Life Insurance Company (NGL) • Fax 608.443.5368
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

MAIL POLICY TO:

☐ AGENT
☐ FUNERAL HOME
☐ OWNER**PROPOSED INSURED/ANNUITANT** ☐ Male ☐ Female

First Name *MI* *Last Name* *Phone Number* *Social Security Number* *Age* *Date of Birth***OWNER - Complete only if other than Insured/Annuitant**

First Name *MI* *Last Name* *Social Security Number* *Relationship to Insured***MAILING ADDRESS** ☐ INSURED/ANNUITANT ☐ OWNER (Where to send information about this Policy)

Street Address *City* *State* *Zip***PAYMENT PLAN**

Funeral Price \$ Face Amount \$

☐ Single Pay Life* ☐ Flexible Annuity \$ _____Multi Pay Life: ☐ 1 Year* ☐ 3 Year ☐ 5 Year ☐ 10 Year

*The 1 Pay Life plan has a limited benefit during the first Policy year. The Single Pay Life plan has a limited benefit for death from any cause during the first 6 months.

Initial Premium + Multi Pay Premium = Total Premium Amount (with app)

\$ \$ \$

PAYMENT MODE☐ Annual (Not available on 1 Pay) ☐ Quarterly☐ Semi-Annual ☐ Monthly EFT
(Form on back)☐ MC/MISA - Use Monthly Direct Factor ☐ Monthly Direct
(Form on back)**STATEMENT OF HEALTH (To be completed by Proposed Insured - If enrolling in a 3, 5, or 10 Pay Life Plan)**Are you currently on oxygen, hospitalized, or confined to a nursing home or long term care facility; or during the past two years have you been advised by a medical professional to have any surgical procedure that has not been performed or have you been treated or are you being treated by a medical professional for any of the following diseases or disorders: ☐ YES ☐ NO

Congestive Heart Failure	Immune System Disorder	Chronic Obstructive Pulmonary (lung) Disease	Amputation (caused by disease)
Heart Disease	Cirrhosis of the Liver	Emphysema	
Stroke	Drug or Alcohol Dependency	Alzheimer's/Dementia	
Cancer (other than skin)	Kidney failure (including dialysis)	Diabetic Coma/Insulin Shock	

If the health question is not answered or answered "Yes" and you are applying for a 3, 5, or 10 Pay Life plan, a Policy with limited death benefits during the first 2 Policy years will be issued. On these limited benefit plans, the full benefit is paid for accidental death.

DIRECTION FOR PAYMENT OF PROCEEDS (These directions may be changed any time before the funeral is provided by giving written notice to the Insurer.)

NGL is directed to pay an amount not to exceed the death benefit of the Policy to the Funeral Provider named below, if any, upon receipt of proof that funeral merchandise and services have been provided. In the event that NGL rescinds or declines to issue the Policy, I also assign to the Funeral Provider (1) the right to receive the premium paid upon receipt of proof that funeral merchandise and services have been provided, (2) the right to compromise claims and (3) the right to agree to rescission.

Name of Funeral Provider *Street Address* *City* *State* *Zip*

Name of Primary Beneficiary *Street Address* *City* *State* *Zip* *Relationship to Insured***APPLICANT SIGNATURES**

To the best of my knowledge and belief, the above information is true and complete. I understand that no insurance will be effective until this form is approved and the Policy is issued while the Insured is living. I authorize NGL to share my nonpublic personal information with any Funeral Provider with whom I have a Prefunded Funeral Agreement. If I am the Owner for insurance on the life of the Proposed Insured, I certify that I have an insurable interest in his or her life.

I acknowledge that I have read the fraud warning statement on the last page of this form.

Signed at *State*

Signature of Proposed Insured/Annuitant *Date* *Signature of Owner (Required if other than Insured)* *Date***AGENT'S STATEMENT**

I certify that any information recorded by me on this form is true and accurate to the best of my knowledge.

Agent(s) Signature *Agent Name(s) Printed* *NGL Agent #* *Agent State License#* %

Agent(s) Signature *Agent Name(s) Printed* *NGL Agent #* *Agent State License#* %

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY

National Guardian Life Insurance Company (NGL) • Fax 608.443.5368
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

Insured: _____

Agent: _____

IRREVOCABLE ASSIGNMENT OF POLICY

Assignment of Ownership, Death Benefit and Rescission Rights: The Owner hereby irrevocably assigns to the Funeral Provider named in the Direction for Payment of Proceeds all incidents of ownership of the Policy, the right to receive all or part of the death benefit payable under the Policy upon receipt of proof that the funeral merchandise and services have been provided, and, if the Insurer, for any reason either rescinds or declines to issue a Policy, all rights, including the following: (1) the right to receive the premium paid (upon receipt of proof that the funeral merchandise and services have been provided), (2) the right to compromise claims and (3) the right to agree to rescission.

The Owner acknowledges that by making the assignment irrevocable it cannot be canceled. This assignment does not affect the right of the Owner to cancel the Policy under the Right to Cancel provision. By making this assignment irrevocable, the Owner also acknowledges the following:

1. The assignment of death benefit proceeds is permanent and cannot be changed by the Owner.
2. The Owner has waived all rights under the Policy to surrender for cash, to obtain a loan, to change the Owner or beneficiary, or to receive a refund for any premium paid.
3. The Owner remains responsible for the payment of all insurance premiums when due.

It is understood and agreed that this irrevocable assignment in no way inhibits the Owner or the next of kin of the Insured from hereafter selecting another Funeral Provider to perform funeral services and provide funeral merchandise in connection with the funeral of the Insured. The Insurer is not a party to this assignment and the sole responsibility of the Insurer is to pay the death benefit proceeds pursuant to the terms of the Policy as amended by this assignment.

Immediate Transfer (For purposes of Medicaid Eligibility ONLY) - I hereby elect to make this irrevocable assignment effective immediately. I understand that by making this election I give up all rights to cancel the Policy and receive a return of premium under the Right to Cancel provision of the Policy. **To make an immediate transfer election please initial here** _____.

*Signature of Owner*_____
*Date***AUTOMATIC PAYMENT AUTHORIZATION (Select One)**☐ **Monthly Electronic Funds Transfer**

I request and authorize NGL to make monthly withdrawals against the financial institution account specified at right or any account subsequently named by me, and such bank(s) to process these withdrawals as if I had signed them, for the purpose of collecting premiums under this plan. If the said account is replaced by an account in another bank, this request and authorization shall also apply to such other bank.

If using a checking account, please include a void check. For savings account, please contact the bank to verify EFT is allowed and verify correct routing and account number.

Date of month to initiate payment (dates available are 1st through 28th) – select one: _____

Bank Name _____

Bank Routing/ABA # _____

Account # _____

☐ Checking ☐ Savings_____
(Signature as it appears on bank records)_____
(Date)☐ **Monthly Credit Card Authorization - Only available on 3, 5 and 10 Year Plans (Not on Annuity)**

I authorize the premiums due to be remitted monthly to NGL through my credit card account indicated at right. This authority will remain in full force and effect until I revoke this authorization by written notification to NGL.

(Account Number)_____
(Exp. Date)_____
(Cardholder Signature)_____
(Cardholder Address)Select one only: ☐ VISA ☐ MasterCard_____
(Printed Name)_____
(Date)

ENROLLMENT FORM FOR GROUP INSURANCE/ANNUITY



National Guardian Life Insurance Company (NGL) • Fax 608.443.5368
Two East Gilman Street • PO Box 1191 • Madison WI 53701-1191

ACKNOWLEDGMENT OF PAYMENT

This acknowledges payment from _____ in the amount of \$ _____ in connection with the Policy applied for from NGL. If all of the conditions of the application are met and the application is accepted, a Policy will be issued. If the application is not accepted, the Insurer's only responsibility will be to refund the amount for which this Acknowledgment of Payment was given.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution. For inquiries please call 1-800-988-0826.

Agent Signature _____

Date _____

FRAUD WARNING STATEMENTS

For Residents of AK, AL, DE, HI, MO, RI, and SC

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information is guilty of insurance fraud.

For Residents of GA and NE

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of insurance fraud.

For Residents of Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

For Residents of California

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the department of regulatory agencies.

For Residents of District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

For Residents of Kansas

Any person who knowingly and with intent to defraud an insurer submits a written application or claim containing any materially false or misleading information may be guilty of committing a fraudulent insurance act.

For Residents of New Hampshire

Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud.

For Residents of New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

"Policy" is defined as the insurance policy, certificate or annuity contract for which I am applying.

SERFF Tracking Number: *NGLI-125723235*

State: *Arkansas*

Filing Company: *National Guardian Life*

State Tracking Number: *39539*

Company Tracking Number: *2800PN 05-08*

TOI: *L08 Life - Other*

Sub-TOI: *L08.000 Life - Other*

Product Name: *AR- 2800PN - Series 7 App*

Project Name/Number: */*

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: NGLI-125723235

State: Arkansas

Filing Company: National Guardian Life

State Tracking Number: 39539

Company Tracking Number: 2800PN 05-08

TOI: L08 Life - Other

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Product Name: AR- 2800PN - Series 7 App

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

07/07/2008

Comments:

Attachment:

AR COC.pdf

Review Status:

Satisfied -Name: Cover Letter

07/08/2008

Comments:

Attachment:

AR - Series 7 - App Only Cov Ltr.pdf



CERTIFICATION OF COMPLIANCE


I, Mark A. Neidinger, an officer of *National Guardian Life Insurance Company* hereby certify that I have authority to bind and obligate the company by filing this (these) form(s). I further certify that, to the best of my information, knowledge and belief:

1. The accompanying form(s) as identified by the attached listing complies with all applicable provisions of the **ARKANSAS** Statutes and with all applicable administrative rules of the Commissioner of Insurance;
2. These form(s) do not contain any inconsistent, ambiguous, or misleading clauses;
3. These form(s) do not contain specifications or conditions that unreasonably or deceptively limit the risk purported to be assumed in the general coverage of the policy form(s);
4. The only variations from a form currently on file with the Commissioner of Insurance and the only unconventional policy provisions are clearly marked or otherwise indicated on the attached form(s) or in an attachment; and
5. The attached form(s) are in final printed format or typed facsimile and will be offered for issuance or delivery in **ARKANSAS** after approval by the Commissioner of Insurance, except for hypothetical data and other appropriate variable material.

CERTIFICATION OF READABILITY

I, Mark A. Neidinger, an officer of the *National Guardian Life Insurance Company*, certify that the Flesch scores for the submitted forms are listed below:

<u>Forms</u>	<u>Flesch Scores</u>
2800PN 05/08	50.7


Signature

July 7, 2008

Date

Mark C. Neidinger
Associate General Counsel - Company Officer

Individual responsible for this filing:

Name: Kim Bolinder
Title: Policy Forms Specialist

Phone #: (608) 443-5335
Email: kabolinder@nglic.com



NGL Insurance Group

July 7, 2008

**Arkansas Department of Insurance
VIA SERFF**

**RE: National Guardian Life Insurance Company
NAIC # 66583 FEIN# 39-0493780

2800PN 05/08 (Enrollment Form)**

The above captioned enrollment form is enclosed for your review and approval.

Enrollment form **2800PN 05/08** will be used on a general use basis to offer existing group whole life forms that fall under one of the two following categories:

- The group certificate forms used in conjunction with this application have already been approved for use by your department.
- The group certificate forms used in conjunction with this application were approved for use in other jurisdictions and have been in use in Arkansas (in compliance with Arkansas regulations for groups situated in other states extending coverage to residents of Arkansas).

The following information is therefore enclosed:

- Enrollment Form
- Certification

Please note that since the filing pertains to group whole life coverage, there is no applicable checklist to include.

If you have any questions or comments, please contact me via the email address or phone number provided.

Sincerely,

Kim Bolinder
Policy Forms Specialist
National Guardian Life Insurance Company
(800) 626-7931, extension 5335
kabolinder@nglic.com